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Nutritional Habits: Encouraging Simplicity and Consistency

Alim Esemenli
University of Vermont

NUTRITIONAL HABITS: ENCOURAGING SIMPLICITY AND CONSISTENCY

By Alim Esemenli

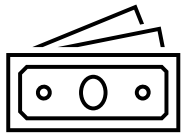
Site: Brookfield Primary Care & Pediatrics (CT) (Jan-Feb 2021)

Project mentors: Anya Koutras, Martha Seagrave, Amanda Kolb

Problem Identification

Why discussions around nutrition and weight loss matter…

- Nutrition-related diseases such as coronary artery disease, stroke, hypertension, diabetes, and cancer are the leading causes of morbidity and mortality in the United States.
- Changes in self-regulation are associated with changes in mood and self-efficacy, which in turn effect changes in BMI.[1]
- Discussion with patients about weight status has been associated with a 5% weight loss over the last year.[4, 5]
- Only slightly over half of obese patients are invited to have conversations about behavioral changes.[4, 6]
- Obesity status, perceived obesity, and shared decision making about weight loss/management were found to each be independently associated with a higher likelihood of patients reporting that they received weight loss management advice.[4]



- Nutrition, undoubtedly, plays a role in weight management. According to Centers for Disease Control and Prevention, 29.1 % of adults (18 years and older) residing in CT in 2019 were obese and 36.6% were overweight.
- Public health costs around nutrition are difficult to calculate since it is tied to the development of many diseases, including diabetes and cardiovascular disease. It seems fair to assume that the cost would likely equate to a total of the individual costs of the associated diseases.
- For a frame of reference:
  - According to CT State Department of Public Health, CT residents paid $5.8 billion in medical expenses for heart disease and stroke in 2010.
  - According to American Diabetes Association, the State of Connecticut spent $3 billion on and $969 million on indirect medical expenses for “diagnosed and undiagnosed diabetes, prediabetes and gestational diabetes” in 2012.

Centers for Disease Control and Prevention.National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity.Data, Trend and Maps [online]. [accessed Feb 17, 2021].
URL: https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html.

http://main.diabetes.org/dorg/PDFs/Advocacy/burden-of-diabetes/connecticut.pdf

Public Health Costs

Community Perspective

- I had a conversation with Dr. Auerbach, a family medicine physician practicing at Brookfield Primary Care and Pediatrics, about her personal experience discussing weight loss and nutrition with her patients.
  - Most of her patients use Weight Watchers, specific diets (e.g., keto, modified keto, all-carb) and apps (e.g., Lose It, Noom) to manage their weight.
  - Majority, especially the morbidly obese patients, are unable to lose weight. Among those who do, few manage to keep it off.
  - Physicians tend to have frequent (1-3 x per year) and detailed conversations around nutrition with patients during initial visits but they can experience "burnout" when patients do not seem to alter their eating habits or show any progress. Physicians therefore might begin to have these conversations less frequently with the same patients and/or shorten the amount of time spent discussing them, thinking that it will not make much of a difference.
  - There is little time to go into details about nutritional habits in a 15–30-minute visit. Most of the time, a referral can be made to a nutritionist, but patients can be reluctant to go due to financial burden.
  - There are no specific guidelines/ requirements set by clinic site to hand patients informational handouts or surveys pertaining to their nutrition. Therefore, most of the time, patients leave without educational materials and the conversation remains at a verbal level.

- JCB, who has been a patient at the Brookfield Primary Care and Pediatrics for years under the care of several different physicians, states that she has been trying to lose weight without much success for as long as she can remember. She reports that her knowledge about the nutrition aspect of weight loss is limited to following the Mediterranean diet and Weight Watchers.

How can we guide our patients?

- Steering them away from “diet” mentality
- Encouraging slow behavioral changes that are sustainable in the long term over extreme changes and severe restrictions
- Giving them hope and support in all areas necessary
- Providing many options for dietary modifications

Rigid restraint, which is usually what is meant by “dieting”, is closely associated with disinhibition and weight regain.

Flexible restraint, on the other hand, is linked to positive eating behaviors and weight control.[2]

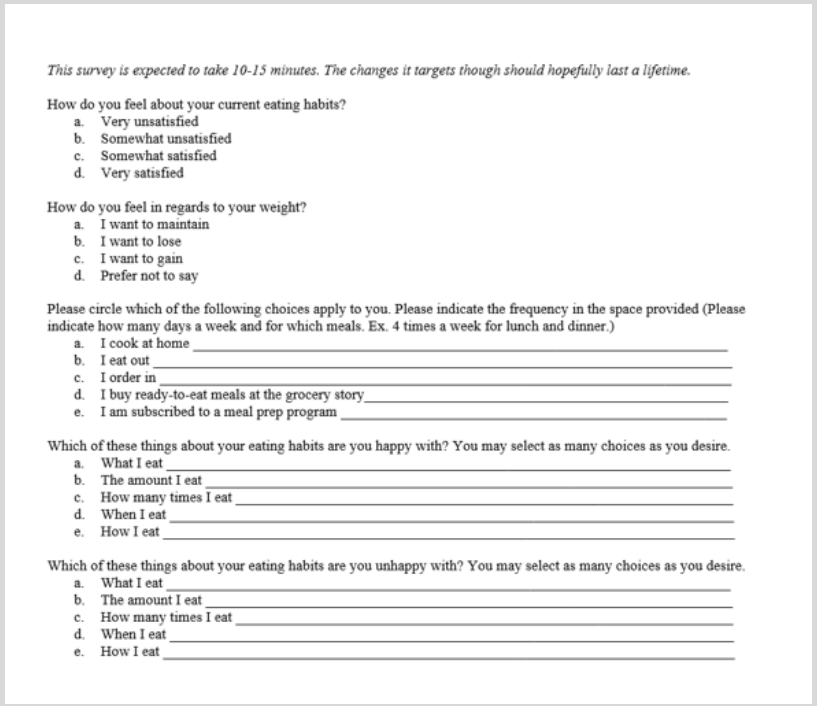
An ‘all-or-nothing’ mindset has been shown to effectively predict 1-year weight regain.[2]

Higher weight variability at initial stages of a weight loss journey has been associated with lower weight loss in the long-term.[3]

CDC recommends losing 1-2 lbs per week for sustained weight loss.

Intervention and Methodology

- I reviewed CDC's *Dietary Guidelines for Americans 2020–2025* as well as the CDC website's "Healthy Weight" section under the "Healthy Living" category.
- I created a 3-page document consisting of a survey, checklist, and commitment statement.
- The purpose of the survey is to encourage patients to reflect on their current nutritional habits and help them identify areas for improvement.
- The checklist consists of a complied list of nutritional behavioral changes recommended by CDC (with some modifications and additions), grouped under separate themes to match the ones found in the survey. Its purpose is to educate as well as inspire patients to make positive changes in their approach to food.
- The commitment statement is an opportunity for patients to think about at least one behavior they would want to incorporate into their own lives and commit to practice that behavior by writing it down in the form of an action-statement ("I will _____").



This survey is expected to take 10-15 minutes. The changes it targets though should hopefully last a lifetime.

How do you feel about your current eating habits?

a. Very unsatisfied
b. Somewhat unsatisfied
c. Somewhat satisfied
d. Very satisfied

How do you feel in regards to your weight?

a. I want to maintain
b. I want to lose
c. I want to gain
d. Prefer not to say

Please circle which of the following choices apply to you. Please indicate the frequency in the space provided (Please indicate how many days a week and for which meals. Ex. 4 times a week for lunch and dinner.)

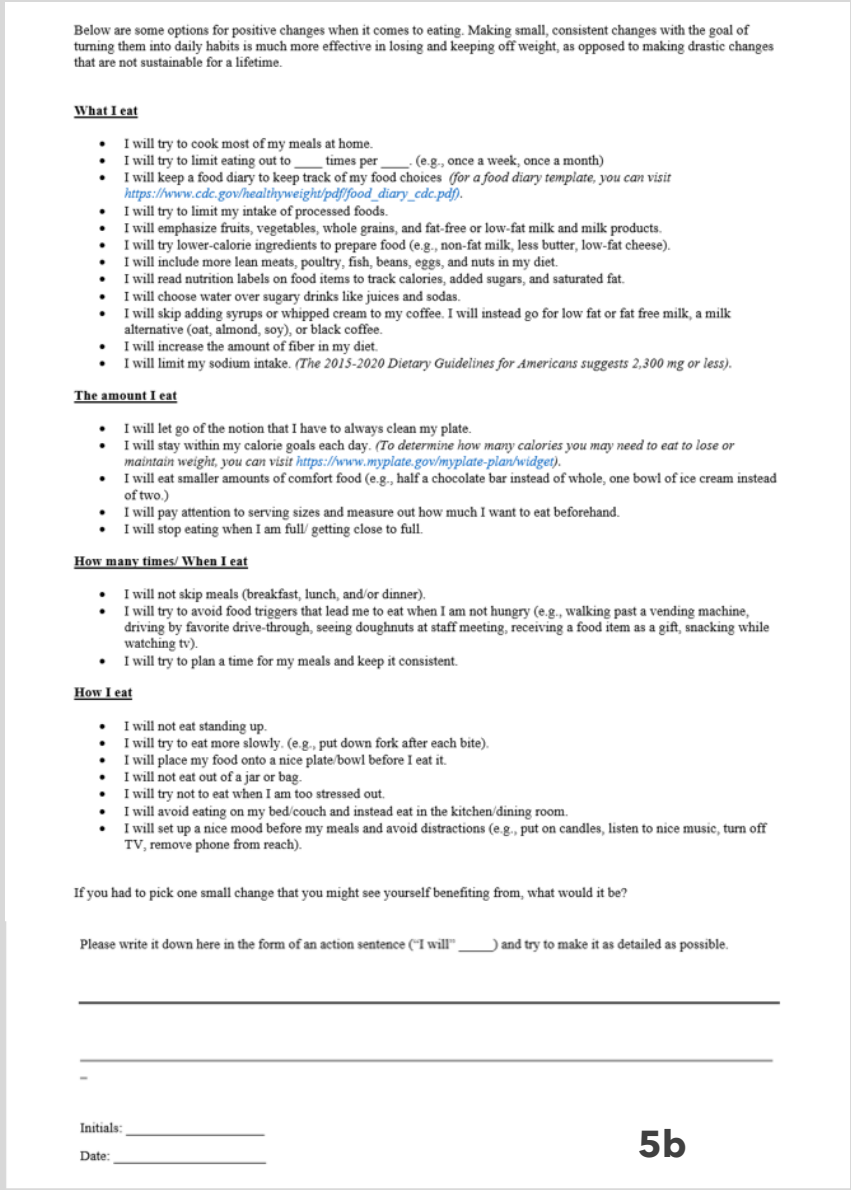
a. I cook at home _____
b. I eat out _____
c. I order in _____
d. I buy ready-to-eat meals at the grocery story _____
e. I am subscribed to a meal prep program _____

Which of these things about your eating habits are you happy with? You may select as many choices as you desire.

a. What I eat _____
b. The amount I eat _____
c. How many times I eat _____
d. When I eat _____
e. How I eat _____

Which of these things about your eating habits are you unhappy with? You may select as many choices as you desire.

a. What I eat _____
b. The amount I eat _____
c. How many times I eat _____
d. When I eat _____
e. How I eat _____



Below are some options for positive changes when it comes to eating. Making small, consistent changes with the goal of turning them into daily habits is much more effective in losing and keeping off weight, as opposed to making drastic changes that are not sustainable for a lifetime.

What I eat

- I will try to cook most of my meals at home.
- I will try to limit eating out to ____ times per ____. (e.g., once a week, once a month)
- I will keep a food diary to keep track of my food choices *(for a food diary template, you can visit https://www.cdc.gov/healthyweight/pdf/food_diary_cdc.pdf).*
- I will try to limit my intake of processed foods.
- I will emphasize fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products.
- I will try lower-calorie ingredients to prepare food (e.g., non-fat milk, less butter, low-fat cheese).
- I will include more lean meats, poultry, fish, beans, eggs, and nuts in my diet.
- I will read nutrition labels on food items to track calories, added sugars, and saturated fat.
- I will choose water over sugary drinks like juices and sodas.
- I will skip adding syrups or whipped cream to my coffee. I will instead go for low fat or fat free milk, a milk alternative (oat, almond, soy), or black coffee.
- I will increase the amount of fiber in my diet.
- I will limit my sodium intake. *(The 2015-2020 Dietary Guidelines for Americans suggests 2,300 mg or less).*

The amount I eat

- I will let go of the notion that I have to always clean my plate.
- I will stay within my calorie goals each day. *(To determine how many calories you may need to eat to lose or maintain weight, you can visit https://www.myplate.gov/myplate-plan/widget).*
- I will eat smaller amounts of comfort food (e.g., half a chocolate bar instead of whole, one bowl of ice cream instead of two.)
- I will pay attention to serving sizes and measure out how much I want to eat beforehand.
- I will stop eating when I am full/ getting close to full.

How many times/ When I eat

- I will not skip meals (breakfast, lunch, and/or dinner).
- I will try to avoid food triggers that lead me to eat when I am not hungry (e.g., walking past a vending machine, driving by favorite drive-through, seeing doughnuts at staff meeting, receiving a food item as a gift, snacking while watching tv).
- I will try to plan a time for my meals and keep it consistent.

How I eat

- I will not eat standing up.
- I will try to eat more slowly. (e.g., put down fork after each bite).
- I will place my food onto a nice plate/bowl before I eat it.
- I will not eat out of a jar or bag.
- I will try not to eat when I am too stressed out.
- I will avoid eating on my bed/couch and instead eat in the kitchen/dining room.
- I will set up a nice mood before my meals and avoid distractions (e.g., put on candles, listen to nice music, turn off TV, remove phone from reach).

If you had to pick one small change that you might see yourself benefiting from, what would it be?

Please write it down here in the form of an action sentence ("I will" _____) and try to make it as detailed as possible.

_____

_____

_

Initials: _____

Date: _____

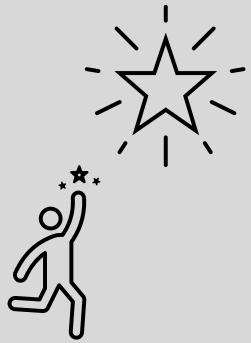
5b

Results/ Response

- Given time limitations, this document has not been administered to patients. A sample document, however, has been reviewed and completed by patient JCB, who gave me the following feedback:
  - "This is a proactive and still flexible way of thinking about nutrition"
  - "Nobody thinks this way–I wouldn't be thinking specifically about ways to manage my weight outside of Mediterranean diet or weight watchers"
- JCB referred to the commitment statement as a "pledge" and told me that she made 3 of them.
- While going through the checklist, JCB came up with a system of her own to simplify everything in her mind. She found herself circling the habits that she currently does, putting a diagonal line/slash through the habits she cannot do (ex. eating chicken since she is vegetarian), and putting a straight line across the habits that she is not willing to do.
- JCB advised me to write down the estimated time to complete the survey so that patients can plan accordingly. She also recommended that physicians use encouraging and optimistic language while introducing and discussing the survey (e.g. "a couple tweaks here and there and you will be amazed at how much better you feel").
- In regards to how often she would like to be asked about her progress with her commitment statement, she said she would appreciate being asked about it at every physical.
- Lastly, JCB informed me that she has never been great with computers so the idea of accessing this document via an online platform would be difficult for her, which is why she appreciated me printing it out.

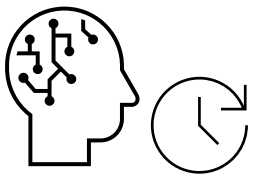
Evaluation of Effectiveness

- There are several different ways we could measure the effectiveness of this intervention.
- Some options include:
  - In-person feedback received from patients about the usefulness of the document
    - Pro: success could be defined by each patient based on their ideals and goals
    - Con: difficult to convert into quantitative data
  - Secondary surveys to gather feedback about the document
    - Pro: easier to convert into quantitative data
    - Con: more effort on patients' part
  - Trends in BMI
    - Con: it would be difficult to isolate the effect of this particular intervention on BMI, given that most patients are also on medical therapy, and there are many factors that go into weight management
  - Successful adherence to the commitment statement
    - Pro: easier to evaluate effectiveness of this intervention alone, since the commitment statement is specifically written as a part of the intervention
    - Con: it would be difficult to define success (how long would patient need to adhere?); it could also inadvertently promote an "all-or-nothing" mindset, which we know sets patients back rather than help push them forward



Recommendations for future interventions/ projects

- The means by which this document can be administered to patients is still in consideration. The current goal is to be able to send it to patients via MyChart so that we can save time (specifically, clinic time) and trees, all the while giving patients a chance to fill out the survey, reflect on their nutritional habits, and contemplate on their action statement at the pace that they desire, without rushing them.
- For the patients who do not have access to MyChart or have difficulty using the platform, we could print out the document and hand it to them. This would require the physician/ health care personnel to inquire about patient preference first.
- The survey and checklist are for patients to complete and keep, while the commitment statement is meant to be shared with the provider. There are many ways this could be implemented, two of which are below:
  - Patients who are willing to share their goals could copy and paste their commitment statement and send it as a message to their providers through MyChart. The providers then could take a note and make sure to ask about the patient's progress at their next visit.
  - Providers could ask about the completion of the commitment statement at the patient's next visit. We could create an auto text for providers to easily integrate this information into their visit notes. This could save physicians the time it would require to go through their mailbox, checking patient messages about commitment statements, as in the case of option 1.



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